

KSAA Membership Application

Please provide the following information as you would like it to appear on our website practitioner listing and mail or email this form to Sara Hamilton at the address below. If you would like to include a picture with your listing please email the picture to: Martha@classicalacupunctureherbs.com

Name: _____

Address (business): _____

Phone #: _____

Fax#: _____

Email address: _____

Website: _____

Ky License # _____

Please circle the area that best describes where your practice is located:

Central Kentucky Northern Kentucky Lexington Louisville

Yearly Membership Dues:

Professional practitioner (practicing 13 months or more)- \$150

First year practitioner (practicing for 12 months or less)- \$100 full year, \$50 partial year

Student (Currently enrolled in, or having graduated from, an accredited school of Oriental Medicine but not yet practicing, no listing provided, non-voting member)- \$25

Patrons and Friends - \$25 or more (tax deductible)

Total payment : _____

Please pay online or by check made payable to "KSAA" and mailed to:

Sara Hamilton, KSAA secretary

301 Chippen Dale Circle

Lexington, KY 40517

Sara_e_harris@yahoo.com

Once payment and this form are received we will email your membership card.